



Debt Management Company Supplement Renewal Application

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a."

Do not add attachments in lieu of completing our form.

Company Name:

License Number:

DM-

1. General Information

If NO to any of the following, provide a written explanation on a separate sheet

- (a) Have all debtor payments remained in the trust account until disbursed by the licensee in
- (b) Has the licensee at all times maintained the minimum liquid assets of at least two thousand five hundred dollars in excess of your business liabilities?
- (c) Does the licensee maintain the applicable bond amount in accordance with A.R.S. Section 6-704?

Yes No

(c) (1) Total amount disbursed to creditors on behalf of Arizona debto's for the period of 07/01/2010 through 05/31/2011:

\$

2. Affidavit

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form

Print Name

Print Official Title

before a Notary Public, of my own free will and:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (g) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions**

Signature of individual: _____ Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Date

Month

Year

Print Notary Public name: _____ Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____ Notary seal here

3. Renewal Fees

Principal Primary Licensed location: \$500.00

Current number of branches being renewed: Total # x \$200.00 = \$

Make payable to: Arizona Department of
Financial Institutions or AZDFI

Total All lines
Pay the amount entered here all on one check \$



Debt Management Company Supplement Application Checklist

- ☐ \$500.00 Renewal Fee
- ☐ \$200.00 per branch that is renewing
- ☐ Company Financial Statement
- ☐ Copy of a current Certificate of Good Standing from the Arizona Corporation Commission (if applicable)
- ☐ All changes to your license are to be sent to the department under separate cover. Do not include/submit with renewal package. (See Renewal Instructions for information on making changes to your license.)
- ☐ Be sure to include with your submission the "DFI License Renewal Application" and all applicable required documents listed on the "DFI License Renewal Application" checklist.